



ACKNOWLEDGEMENT OF NOTIFICATION OF HAZARDOUS WASTE ACTIVITY

07/06/92

This is to acknowledge that you have filed a **Notification of Hazardous Waste Activity** for the installation located at the address shown in the box below to comply with Section 3010 of the Resource Conservation and Recovery Act (RCRA). Your EPA Identification Number for that installation appears in the box below. The EPA Identification Number must be included on all shipping manifests for transporting hazardous wastes; on all Annual Reports that generators of hazardous waste, and owners and operators of hazardous waste treatment, storage and disposal facilities must file with EPA; on all applications for a Federal Hazardous Waste Permit; and other hazardous waste management reports and documents required under Subtitle C of RCRA.

EPA I.D. NUMBER -> NYD987007101

FACILITY NAME -> PARKWAY HOSPITAL THE

MAILING ADDRESS -> 70-35 113TH ST
FOREST HILLS, NY 11375

INSTALLATION ADDRESS -> 70-35 113TH ST
FOREST HILLS, NY 11375

EPA Form 8700-12AB (4-80)

UNITED STATES ENVIRONMENTAL PROTECTION AGENCY
REGION II
26 FEDERAL PLAZA
NEW YORK, NEW YORK 10278

ATTN: PERMITS ADMINISTRATION BRANCH, ROOM 505

TO: PEPE, STEPHEN
LAB ADM
PARKWAY HOSPITAL THE
70-35 113TH ST
FOREST HILLS, NY 11375



QUESTIONS? CALL 800-238-5355 TOLL FREE.

AIRBILL
PACKAGE
TRACKING NUMBER

4091645714

2081N

4091645714

503

Date

6/25/92

RECIPIENT'S COPY

From (Your Name) Please Print

Your Phone Number (Very important)

To (Recipient's Name) Please Print

Recipient's Phone Number (Very important)

Paul Varone
Company(516) 937-1618
Department/Floor No.Permits Administration
Company(212) 264-9888
Department/Floor No.

AMERICAN MEDICAL WASTE SYSTEMS

U.S. E.P.A.

Street Address

Exact Street Address (We Cannot Deliver to P.O. Boxes or P.O. Zip Codes.)

344 DUFFY AVE

26 Federal Plaza Room 505

City

State

ZIP Required

City

State

ZIP Required

HICKSVILLE

NY

11801

New York

NY

10278

YOUR INTERNAL BILLING REFERENCE INFORMATION (optional) (First 24 characters will appear on invoices.)

IF HOLD FOR PICK-UP, Print FEDEX Address Here

PAYMENT: 1 ☐ Bill Sender 2 ☐ Bill Recipient's FedEx Acct. No. 3 ☐ Bill 3rd Party FedEx Acct. No. 4 ☐ Bill Credit Card5 ☐ Cash
☐ Check

Street Address

City

State

ZIP Required

4 SERVICES
(Check only one box)Priority Overnight
(Delivery by next business morning)11 ☐ YOUR
PACKAGING16 ☐ FEDEX LETTER12 ☐ FEDEX PAK *13 ☐ FEDEX BOX14 ☐ FEDEX TUBEEconomy Two-Day
(Delivery by second business day)30 ☐ ECONOMYStandard Overnight
(Delivery by next business afternoon)51 ☐ YOUR
PACKAGING56 ☐ FEDEX LETTER *52 ☐ FEDEX PAK *53 ☐ FEDEX BOX54 ☐ FEDEX TUBEGovernment Overnight
(Restricted to authorized users only)46 ☐ GOVT
LETTER41 ☐ GOVT
PACKAGEFreight Service
(For Extra Large or heavy packages over 150 lbs.)70 ☐ OVERNIGHT
FREIGHT **80 ☐ TWO-DAY
FREIGHT **HOLIDAY DELIVERY (if offered)
(Extra charge)12 ☐ HOLIDAY DELIVERY1 ☐ HOLD FOR PICK-UP (if it is Box 1)2 ☐ DELIVER WEEKDAY3 ☐ DELIVER SATURDAY (Extra charge)
(Not available to all locations)4 ☐ DANGEROUS GOODS (Extra charge)5 ☐6 ☐ DRY ICE lbs.7 ☐ OTHER SPECIAL SERVICE8 ☐9 ☐ SATURDAY PICK-UP
(Extra charge)10 ☐11 ☐12 ☐13 ☐14 ☐15 ☐16 ☐17 ☐18 ☐19 ☐20 ☐21 ☐22 ☐23 ☐24 ☐25 ☐26 ☐27 ☐28 ☐29 ☐30 ☐5 DELIVERY AND SPECIAL HANDLING
(Check services required)1 ☐ HOLD FOR PICK-UP (if it is Box 1)2 ☐ DELIVER WEEKDAY3 ☐ DELIVER SATURDAY (Extra charge)
(Not available to all locations)4 ☐ DANGEROUS GOODS (Extra charge)5 ☐6 ☐ DRY ICE lbs.7 ☐ OTHER SPECIAL SERVICE8 ☐9 ☐ SATURDAY PICK-UP
(Extra charge)10 ☐11 ☐12 ☐13 ☐14 ☐15 ☐16 ☐17 ☐18 ☐19 ☐20 ☐21 ☐22 ☐23 ☐24 ☐25 ☐26 ☐27 ☐28 ☐29 ☐30 ☐31 ☐32 ☐33 ☐34 ☐35 ☐36 ☐37 ☐38 ☐39 ☐40 ☐41 ☐42 ☐43 ☐44 ☐45 ☐46 ☐47 ☐48 ☐49 ☐50 ☐51 ☐52 ☐6 PACKAGES
WEIGHT
in Pounds
OnlyYOUR DECLARED
VALUE

Total Total Total

DIM SHIPMENT (Chargeable Weight)

L x W x H =

1 ☐ Regular Stop 3 ☐ Drop Box2 ☐ On-Call Stop 4 ☐ B.S.C.5 ☐ Station

Received At

1 ☐ Regular Stop 3 ☐ Drop Box2 ☐ On-Call Stop 4 ☐ B.S.C.5 ☐ Station

Received At

1 ☐ Regular Stop 3 ☐ Drop Box2 ☐ On-Call Stop 4 ☐ B.S.C.5 ☐ Station

Received At

1 ☐ Regular Stop 3 ☐ Drop Box2 ☐ On-Call Stop 4 ☐ B.S.C.5 ☐ Station

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Received At

1 ☐ Regular Stop 3 ☐ Drop Box2 ☐ On-Call Stop 4 ☐ B.S.C.5 ☐ Station

Received At

Emp. No. Date

☐ Cash Received☐ Return Shipment☐ Third Party ☐ Chg. To Del. ☐ Chg. To Hold

Street Address

City State Zip

Received By:

X

Date/Time Received FedEx Employee Number

Release Signature:

FedEx Emp. No.

Date/Time

Release Signature:

FedEx Emp. No.

Date/Time

Release Signature:

FedEx Emp. No.

Date/Time

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FedEx Emp. No.

Date/Time

Release Signature:

FedEx Emp. No.

Date/Time

Release Signature:

FedEx Emp. No.

Federal Express Use

Base Charges

Declared Value Charge

Other 1

Other 2

Total Charges

REVISION DATE 6/91

PART #137204 NC REC 1/92

FORMAT #099

099

4 1990 91 F.E.C.

PRINTED IN

U.S.A.

Please refer to the Instructions for Filing Notification before completing this form. The information requested here is required by law (Section 3010 of the Resource Conservation and Recovery Act).

**EPA**

Notification of Regulated Waste Activity

United States Environmental Protection Agency

Date Received
(For Official Use Only)

6-26-92

I. Installation's EPA ID Number (Mark 'X' in the appropriate box)



A. First Notification

B. Subsequent Notification
(complete item C)

C. Installation's EPA ID Number

NY0987007101

II. Name of Installation (Include company and specific site name)

THE PARKWAY HOSPITAL

III. Location of Installation (Physical address not P.O. Box or Route Number)

Street

70-35 113TH STREET

Street (continued)

City or Town

FOREST HILLS

State

ZIP Code

NY 11375

County Code

County Name

QUEENS

IV. Installation Mailing Address (See instructions)

Street or P.O. Box

SAME

City or Town

State

ZIP Code

V. Installation Contact (Person to be contacted regarding waste activities at site)

Name (last)

PEPE

(first)

STEPHEN

Job Title

LABORATORY ADM.

Phone Number (area code and number)

718 - 990 - 4150

VI. Installation Contact Address (See instructions)

A. Contact Address

Location

Mailing



B. Street or P.O. Box

City or Town

State

ZIP Code

VII. Ownership (See instructions)

A. Name of Installation's Legal Owner

THE PARKWAY HOSPITAL INC.

Street, P.O. Box, or Route Number

70-35 113TH STREET

City or Town

FOREST HILLS

State

ZIP Code

NY 11375

Phone Number (area code and number)

718 - 990 - 4100

B. Land Type

P

C. Owner Type

P

D. Change of Owner Indicator

Yes

No



(Date Changed)

Month Day Year

6/30/92
6/30/92 4:45 PM
left message on machine

ID - For Official Use Only

VIII. Type of Regulated Waste Activity (Mark 'X' in the appropriate boxes. Refer to instructions.)

A. Hazardous Waste Activity		B. Used Oil Fuel Activities
1. Generator (See Instructions) <input type="checkbox"/> a. Greater than 1000kg/mo (2,200 lbs.) <input type="checkbox"/> b. 100 to 1000 kg/mo (220 - 2,200 lbs.) <input checked="" type="checkbox"/> c. Less than 100 kg/mo (220 lbs.)	<input type="checkbox"/> 3. Treater, Storer, Disposer (at installation) Note: A permit is required for this activity; see instructions. <input type="checkbox"/> 4. Hazardous Waste Fuel <input type="checkbox"/> a. Generator Marketing to Burner <input type="checkbox"/> b. Other Marketers <input type="checkbox"/> c. Burner - indicate device(s) - Type of Combustion Device <input type="checkbox"/> 1. Utility Boiler <input type="checkbox"/> 2. Industrial Boiler <input type="checkbox"/> 3. Industrial Furnace <input type="checkbox"/> 5. Underground Injection Control	1. Off-Specification Used Oil Fuel <input type="checkbox"/> a. Generator Marketing to Burner <input type="checkbox"/> b. Other Marketer <input type="checkbox"/> c. Burner - indicate device(s) - Type of Combustion Device <input type="checkbox"/> 1. Utility Boiler <input type="checkbox"/> 2. Industrial Boiler <input type="checkbox"/> 3. Industrial Furnace <input type="checkbox"/> 2. Specification Used Oil Fuel Marketer (or On-site Burner) Who First Claims the Oil Meets the Specification
2. Transporter (Indicate Mode in boxes 1-5 below) <input type="checkbox"/> a. For own waste only <input type="checkbox"/> b. For commercial purposes Mode of Transportation <input type="checkbox"/> 1. Air <input type="checkbox"/> 2. Rail <input type="checkbox"/> 3. Highway <input type="checkbox"/> 4. Water <input type="checkbox"/> 5. Other - specify 		

IX. Description of Regulated Wastes (Use additional sheets if necessary)

A. Characteristics of Nonlisted Hazardous Wastes. Mark 'X' in the boxes corresponding to the characteristics of nonlisted hazardous wastes your installation handles (See 40 CFR Parts 261.20 - 261.24)

1. Ignitable (D001) ☒ 2. Corrosive (D002) ☐ 3. Reactive (D003) ☐ 4. EP Toxic (D000) ☐ (List specific EPA hazardous waste number(s) for the EP Toxic contaminant(s)) F003

B. Listed Hazardous Wastes. (See 40 CFR 261.31 - 33. See instructions if you need to list more than 12 waste codes.)

1 U122	2 U001	3 U239	4	5	6
7	8	9	10	11	12

C. Other Wastes. (State or other wastes requiring an I.D. number. See instructions.)

1	2	3	4	5	6
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X. Certification

I certify under penalty of law that I have personally examined and am familiar with the information submitted in this and all attached documents, and that based on my inquiry of those individuals immediately responsible for obtaining the information, I believe that the submitted information is true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fines and imprisonment.

Signature



Name and Official Title (type or print)

Stephen J. Pece, Lab Adm

Date Signed

6/25/92

XI. Comments

LAND OWNER - The Parkway Associates INC.
 70-35 113th Street
 Forest Hills NY 11375

Note: Mail completed form to the appropriate EPA Regional or State Office. (See Section III of the booklet for addresses.)